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ISELIN, NJ 088		Ann Hickey (Depositor's name					
		_	antholy			(Signature)	
				March 10, 2	011(		(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.		NEY DOCKET NO.	CONFIRMATION NO.
10/542,723	07/20/2005		Michael Menth	2003P00697WOUS		3P00697WOUS	8414
TITLE OF INVENTION: METHOD FOR DETERMINING LIMITS FOR CONTROLLING TRAFFIC IN COMMUNICATION NETWORKS WITH ACCESS CONTROL							
APPLN. TYPE	SMALL ENTITY	ISSUE FEB DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	SO SO		\$1810	03/15/2011
EXAMINER		ART UNIT	CLASS-SUBCLASS	j			
CHAN, S	AI MING	2462	370-230000				
CFR 1.363).  Change of corresp Address form PTO/S.	ence address or indication condence address (or Cha B/122) attached. lication (or "Fee Address 22 or more recent) attack	(1) the names of up to or agents OR, alternat	2. For printing on the pattent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the names of a single firm (having as a member a 2 registered attorney or agent) and the names of up to 3 itself, no name will be printed.  3				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (grint or type)  PLEASE, NOTE: Unless an assignce is identified below, no assigned task will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  Siemens Aktiengesellschaft, Muerchen, Federal Republic Germany  Please check the appropriate assignce eategory or categories (will not be printed on the patent): □ Individual ☑ Corporation or other private group entity □ Government							
Please check the appropr	riate assignce category o	r categories (will not be	printed on the patent):	Individual 🖾 C	orporatio	on or other private gro	up entity U Government
4a. The following fee(s)  Solution   Soluti	No small entity discount	b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed. ☐ Payment by redit and. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Opensit Account Number 19—2179 (citclose an extra copy of this form).					
a. Applicant clain	itus (from status indicate as SMALL ENTITY stat	tus. Sce 37 CFR 1.27.	☐ b. Applicant is no lo				
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Authorized Signature	/	<u>و</u>				н 10, 2011	
Typed or printed nam	c YE RET		Registration l	No	62,344		
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